

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>Poc # 2</i>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2012
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115	
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F 000	INITIAL COMMENTS Complaint investigation #29087, #30009, and #30029, were completed on July 24, 2012. No deficiencies were cited related to complaint investigation #29087 and #30029. Deficiencies were cited related to complaint investigation #30009, under CFR Part 483, Requirements for Long Term Care Facilities.	F 000		
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medication/drug destruction logs, medical record review, observation, and interview, the facility failed to	F 425	F425E Pharmaceutical SVC- Accurate Procedures This facility will ensure that it will provide routine and emergency drugs and biologicals to its residents. Facility will also provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. 2. Other residents having the potential To be affected and what corrective Action will be taken. The center will audit all new admissions since 7/20/2012 to identify any resident that did not receive medications timely to determine which residents have the potential to be affected.	8/5/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 425	<p>Continued From page 1</p> <p>ensure that discontinued, expired controlled medications and control medications for discharged residents were destroyed monthly per facility policy, failed to ensure medications were available to meet the needs of three (#1, #2, #6) and one (Random Resident (RR) #6) of sixteen residents reviewed and failed to ensure controlled reconciliation for 1 (RR #6) of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Review of facility policy, Medication Destruction, dated August 31, 2011 revealed "...Discontinued medications and medications left in the Center after a resident's discharge which do not qualify for return to the pharmacy for credit, are destroyed routinely (e.g. (for example), at least monthly, unless destruction is required more frequently...)"</p> <p>Review of the Medication/Drug Destruction Logs revealed controlled medications that were expired or belonged to discharged residents were destroyed on March 5, 2012, May 3, 2012, and June 5, 2012.</p> <p>Observation of a locked safe located in the Director of Nurses' (DON) office, under the DON's desk on July 11, 2012, at 10:45 AM, with the DON present, revealed the safe contained the following:</p> <p>Forty Cards of multiple dose controlled drugs of various strength and various number of tablets/capsules per card that included: Oxycontin - four cards, Ambien - two cards, Ativan - six cards, Lortab - ten cards, Hydromorphone - one</p>	F 425	<p>All staff nurses at the facility will be in-serviced on facility policy regarding medication administration and facility practice of not allowing medications to be "borrowed" from residents. In-service will also include re-education of nurses to ensure that medications are available to meet the needs of all residents and that nurses will ensure that controlled medications are properly reconciled when used.</p> <p>The DNS and ADNS will be in-serviced on facility policy for the destruction of discontinued, expired, controlled medications for discharged residents. In-service will include requirement that medications be destroyed monthly in the presence of facility Consultant Pharmacist. DNS and ADNS will also be re-educated on the importance of ensuring that medications are available to meet resident's needs and that controlled medications are accounted for and records reconciled.</p>		

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F 425	<p>Continued From page 2</p> <p>card, Norco - two cards, Klonpin - four cards, MS Contin - two cards, Valium - two cards, Xanax - three cards, Marinol - one card, Ultram - one card and Percocet - one card.</p> <p>Nine prescription 30 milliliter (ml) bottles of liquid Morphine.</p> <p>One prescription 30 ml bottle of liquid Lorazepam.</p> <p>Three Fentanyl Patches.</p> <p>Ten prescription bottles containing controlled drugs from at least three different Pharmacies.</p> <p>Medical Record review revealed the following residents were discharged from the facility before the last medication destruction on June 5, 2012 and controlled drugs belonging to them were in the safe in the DON's office:</p> <p>Resident #5 - discharged March 20, 2012 - Hydrocodone/APAP (acetaminophen) 5 milligrams (mg)/325 mg tablets, 3 tablets in the safe. Hydrocodone/APAP 10 mg/325 mg tablets, 3 tablets in the safe. Hydrocodone/APAP 7.5 mg/325 mg tablets, 6 tablets in the safe.</p> <p>Random Resident (RR) #1 discharged April 16, 2012 - Oxycodone 10 mg/235 mg, 5- 1/2 10 mg tablets in the safe.</p> <p>RR #2 - deceased November 23, 2011 - Morphine Sulfate 100 mg/5 ml, 30 ml bottle, 18 ml in the safe</p> <p>RR #3 - deceased February 6, 2012 - Lorazepam solution 2 mg/2 ml, 30 ml bottle, 8 ml in the safe.</p>	F 425	<p>3. Systematic changes to be made to ensure deficient practice does not recur-</p> <p>The DNS will ensure that 2 signatures are obtained verifying controlled meds have been placed in the safe in DNS's office prior to destruction. Kindred form to be used to log meds. Meds will be destroyed monthly during the Consultant Pharmacist visit to the facility. DNS or designee and consultant pharmacist will sign the destruction log.</p> <p>Admission Coordinator will make every effort to obtain new resident orders before 5pm. If necessary the Admission Coordinator will request a hard copy c any narcotic prescriptions. New orders are also to be faxed to pharmacy by 5pm. Fax is followed by a phone call to the pharmacy. If meds are missing the nurse on duty is to call the pharmacy, the DNS/ADNS and use the E kits located in the facility.</p> <p>Documentation of controlled meds is to be accurate by ensuring that a narcotic count is completed every shift and in addition a narcotic audit is completed daily. DNS or designee will verify daily that these counts are current and accurate.</p>		

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NAME OF PROVIDER OR SUPPLIER

KINDRED NURSING AND REHABILITATION-MADISON

STREET ADDRESS, CITY, STATE, ZIP CODE

**431 LARKIN SPRING RD
MADISON, TN 37115**

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Continued From page 3
Morphine Sulfate solution 100 mg/5 ml 30 ml bottle, in the safe.

RR #4 - deceased October 29, 2011 - Morphine Sulfate solution 20 mg/ml, 30 ml bottle, 24 ml in the safe.

RR #7 - deceased December 12, 2011 - Ativan/Haloperidal Gel - 10 doses in the safe.

RR #8 - unable to determine discharge date. Lorazepam 1 mg tablets - 9 tablets in the safe. (Observation of the prescription medication bottle revealed 10 Lorazepam tablets were dispensed 7/23/10).

RR #9 - deceased February 25, 2011 - Morphine Sulfate 100 mg/5 ml 30 ml bottle - 11 ml in the safe. Lorazepam 1 mg tablets- 8 tablets in the safe.

Interview with Licensed Practical Nurse (LPN) #1 on July 11, 2012, at 8:45 a.m., on the North Hall, revealed LPN #1 stated "Expired narcotics are given to [named DON]. We (floor nurses) don't destroy medications."

Interview with LPN #8 on July 11, 2012, at 8:58 a.m., on the East Hall, revealed LPN #8 stated "I take the card (medication card) and the narcotic Count Sheet to the Director of Nursing."

Interview with LPN #10 on July 11, 2012, at 9:25 a.m., on the South Hall, revealed LPN #10 stated "The DON will remove the narcotics and sign out on the Narcotic Sheet."

Interview with the DON on July 11, 2012, at 10:45

F 425

4. How corrective action will be monitored to ensure that the deficient practice will not recur-

The DNS or designee will monitor narcotic use daily to ensure accurate documentation and timely receipt of medications. This daily monitoring will initially occur for 4 weeks, then will be completed weekly for 4 weeks and then monthly for 3 months.

Pharmacy Consultant and ED are to monitor the monthly destruction of medications.

Results of the monitoring process are to be reviewed monthly in the PI Committee meetings for 3 months.

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F 425	<p>Continued From page 4</p> <p>a.m., in the DON's office, revealed the DON was asked what happened to the narcotics collected from the nurses; the DON responded "I log them on the Pharmacy Sheet. Take the labels off the medication and put it on the sheet (destruction sheet). [Named Pharmacist and I destroy together every other month."</p> <p>Interview with the Consultant Pharmacist on July 11, 2012, at 11:50 a.m., in the conference room, revealed the Pharmacist stated "We destroy narcotics every other month here (facility)...I don't know the reason (why narcotics are not destroyed monthly). I am available every month. The facility let me know when they want drug destruction. I've never checked the safe, I just destroy what the DON gives me to destroy."</p> <p>Interview with the DON on July 11, 2012, at 5:30 p.m., in the conference room, confirmed the DON stated "They were putting medication in the safe when I arrived (started as DON) and started during drug destruction. I knew old drugs were there, I just didn't destroy them."</p> <p>Resident #1 was admitted to the facility from the hospital following a hospital stay for a Right intertrochanteric fracture on May 23, 2012, with diagnoses including Congestive Heart failure, Severe Chronic Obstructive Pulmonary disease, Atrial Fibrillation, Anemia and Gastroesophageal Reflux Disease.</p> <p>Review of the hospital's discharge medications dated May 23, 2012, revealed "Lanoxin 0.25 mg daily (given for heart failure and atrial fibrillation), Cardizem 60 mg every 6 hours (given for elevated blood pressure) and Lovenox (given to</p>	F 425	<p><i>The facility requests that this plan of correction be considered its credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		

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F 425	<p>Continued From page 5</p> <p>prevent development of blood clots in persons with irregular heart beat) 30mg SQ (subcutaneous) Q 12 (symbol for hours)." There was no documentation when or if these medications were given in the hospital prior to discharge.</p> <p>Review of the facility's Admission Orders Record revealed "Digoxin (same as Lanoxin) 0.25mg PO (by mouth) daily, Cardizem 60mg PO Q (every) 6 (symbol for hours) and Lovenox 30mg SQ (subcutaneous) Q 12 (symbol for hours)."</p> <p>Review of a Physician Telephone Order dated May 23, 2012, at 1800 (6:00 p.m.), revealed for "Xanax 1mg PO HS (at bedtime) (symbol for times) 1 tonight and Hydrocodone/APAP 7.5/325 PO TID (three times a day).</p> <p>Record review of the Nurses' Admit Note revealed Resident #1 was admitted to the facility on May 23, 2012 at 19:30 (7:30 p.m.), an hour and a half after the new physician's order for Xanax.</p> <p>Review of the Medication Record (MAR) for Resident #1 revealed the following: Digoxin 0.6 mg due to be given at 9:00 a.m., on May 24, 2012, was not documented as given. The Cardizem 60 mg due to be given at 2400 (12:00 a.m.), 0600 (6:00 a.m.), 1200 (Noon) and 1800 (6:00 p.m.) on May 24, 2012, was documented as given only at 6:00 a.m., on May 24, 2012. The Lovenox 30mg was to be given on May 23, 2012 at 2100 (9:00 p.m.), 0900 (9:00 a.m.) and 2100 (9:00 p.m.) on May 24, 2012, was documented given only at 0900 on May 24, 2012.</p>	F 425			

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F 425	<p>Continued From page 6</p> <p>Review of the Nurses Medication Notes for May 24, 2012, revealed the Digoxin and Lovenox due at 9:00 a.m., and the Cardizem due at 12:00 a.m. and 12:00 p.m. was listed as "on order."</p> <p>Review of the Pharmacy Shipping Manifest documented the Digoxin, Lovenox and Cardizem left the pharmacy on May 24, 2012, at 18:51 (6:51 p.m.).</p> <p>There was no documentation that the physician was notified of Resident's #1 missed medications or that the facility attempted to contact the pharmacy to ensure that the Resident's medications were available as ordered.</p> <p>Medical record review revealed Resident #2 was admitted to the facility on May 21, 2012, with diagnoses that included Arthritis, Atrial Fibrillation, Congestive Heart Disease, Peripheral Vascular Disease, Gastroesophageal Disease, Dementia and Depression.</p> <p>Review of Resident #2's Controlled Drug Record for Oxycodone-Acetaminophen 5/325 milligrams (mg) tablets for June 13 to June 18, 2012, revealed seven (two on June 15, three on June 17 and two on June 18) of thirty tablets, delivered on June 13, 2012, were borrowed for Resident #6.</p> <p>Resident #6 was originally admitted to the facility on December 22, 2011, with diagnoses including Schizophrenia, Alcohol and Drug Abuse, TIA (transient ischemic attack), Seizure, Hypertension and Stroke with left hemi paresis (left-sided paralysis).</p>	F 425			

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F 425	<p>Continued From page 7</p> <p>Review of Resident #6's Controlled Drug Record for Oxycodone-Acetaminophen 5/325 (mg) tablets for May 28 to June 13, 2012, revealed nine (two on May 26, two on May 30, two on June 2, two on June 12 and three on June 13) of thirty tablets delivered on May 27, 2012, were borrowed for Resident #2.</p> <p>Random Resident #6 was admitted to the facility on November 2, 2011, with diagnoses including Falls, Anemia, Hypertension, Senile Dementia and Failure To Thrive. RR #6 expired on February 7, 2012.</p> <p>Review of RR #6's Controlled Drug Records for Oxycodone-Acetaminophen 5/500 (mg) tablets for November 5, 2011 to December 2, 2012, revealed three tablets were borrowed (one on November 6, one on November 7 and one on November 9), for other residents, of the thirty tablets delivered on November 5, 2012.</p> <p>Review of RR #6's MAR revealed Roxanol 20 mg/ml - 0.25 mg one dose each day was administered to the resident on February 24 - 26, 2012, and four doses were administered on February 29, 2012. An empty Ziploc bag labeled by the Pharmacy with RR #6's name on it was found in the DON's safe. The pharmacy label, dated January 31, 2012, documented the bag had contained Morphine Sulfate (Roxanol) 100 mg/5 ml - one 30 ml bottle. The facility could not find a controlled drug record for the Morphine nor could it produce a record of drug destruction indicating the drug was destroyed.</p> <p>Review of the Quarterly Pharmacy Report dated December 11, 2011, revealed under Narcotic</p>	F 425					

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F 425	<p>Continued From page 8</p> <p>Audit "Some evidence of borrowing."</p> <p>Interview with the Consultant Pharmacist in the conference room, on July 11, 2012, at 11:50, revealed the Pharmacist stated "I look for evidence of borrowing, it's usually written on the Controlled Drug Sheet. I do quarterly audits and then do a summary of my findings."</p> <p>Interview with the DON on July 12, 2012, at 5:45 p.m., in the conference room, confirmed the DON stated "I expect for nurses to call (the pharmacy) and make sure medications are here for the residents. I don't know why they would just circle it as not given and not tell anyone."</p> <p>Interview with the DON on July 13, 2012, at 9:37 a.m., in the conference room, confirmed the DON stated: "I don't know where they (nurses) got the Roxanol (given to Resident #1) from before the pharmacy delivered it for (resident)."</p> <p>Interview with LPN #4 on July 12, 2012, at 11:34 a.m., in the conference room, revealed LPN #4 stated: "I was told to borrow medications if I needed to and to replace it when the medications come (from the pharmacy). I would go to the box (emergency box) first. I saw other staff borrow medications from others (residents)."</p> <p>Interview with the Administrator and Corporate Regional Nurse on July 13, 2011, at 5:10 p.m., in the conference room, confirmed when asked about the policy on drug borrowing, the Regional Nurse stated "We don't. That is our policy, so there is no written policy for it."</p> <p>C/O #30009</p>	F 425			